

## Technical note

# New incision to harvest mandibular symphysis bone

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After routine local anaesthesia we make a vertical incision in the midline of the mandibular labial mucosa just apical to the mucogingival junction, and close to the bone near the symphysis (Fig. 1). If the frenum is tightly attached we may first do a frenectomy before we extend a full-thickness subperiosteal dissection bilaterally to expose the whole area of the symphysis from canine to canine (Fig. 2). When we have exposed enough bone to place the trephine drills, we can harvest bony blocks the size of the diameter of the bit, or particles of bone, by overlapping the drilling (Fig. 3 and 4). We then use bone curettes to harvest sufficient cancellous bone. After we have thoroughly inspected the donor bed for bleeding, we can manage the bony defect and use resorbable, running sutures to close the incision in the soft tissue (Fig. 5).

Another advantage of this vertical incision is better tissue perfusion, which considerably increases the ability to heal, and it allows us to detach (but not sever) the muscle fibres and the regional vasculature, and enables the blood supply to reach the osseous and soft tissues.<sup>1–5</sup>



Fig. 1. The vertical incision from the mucogingival junction inferiorly to the symphysis.



Fig. 2. The subperiosteal dissection horizontally and bilaterally.

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Fig. 3. The trephine in place.



Fig. 4. Bone ring to harvest.



Fig. 5. The soft tissue one month postoperatively.

### Conflict of interest

We have no conflicts of interest.

### Ethics statement/confirmation of patient's permission

Not applicable.

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